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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/826,806	
	Filing Date	4/15/2004	
	First Named Inventor	Shinichi Uchikawa	
	Art Unit	2622	
	Examiner Name	unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	10000147US01

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Canon U.S.A., Inc. IP Department Fidel Nwamu
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In re Application of:**

Shinichi Uchikawa

Application No.: 10/826,806**Filed:** 4/15/2004**For:** PRINTING APPARATUS AND
CANCELING METHOD**Examiner:** Unassigned**Art Unit:** 2622**INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98**

August 31, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**INFORMATION DISCLOSURE STATEMENT**

Sir:

In compliance with the duty of disclosure under 37 C.F.R. §1.56 and in accordance with the practice under 37 C.F.R. § 1.97 and §1.98, the reference cited on attached form PTO/SB/08A is being called to the attention of the Examiner. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "reference cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and reference cited is a prior art merely because it is in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicants believe that no fee is required for submission of this statement, since it is being submitted prior to the first Office Action. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 502456. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



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